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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004214

1. Corporation Name

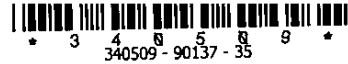
THE K.D. EDWARDS MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business

17000 N.W. 67TH AVE
 SUITE 25
 HIALEAH FL 33015
 US

Mailing Address

17000 NW 67TH AVE #125
 HIALEAH FL 33015



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/17/1993

4. FEI Number

65-0461990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, PATRICIA E
 17000 NW 67TH AVE #125
 HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PD
 EDWARDS, PATRICIA E
 STREET ADDRESS 17000 NW 67TH AVE #125
 CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ DELETE

NAME D
 HEWETT, AUDLEY
 STREET ADDRESS 9300 DADELAND BLVD., STE 210
 CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
 SIMMONDS, FRANCENE
 STREET ADDRESS 11396 S.W. 2ND COURT
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME VT
 PRYOR, MARY ELLEN
 STREET ADDRESS 12973 SW 112TH ST #156
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME S
 CHARLES, SONIA E
 STREET ADDRESS 19422 NW 54TH PL
 CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

NAME D
 MORRISON, LINCOLN
 STREET ADDRESS 11550 SOUTH CAUYSIDE
 CITY-ST-ZIP COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6500 Cypress Road #102
 PLANTATION, FL 33317

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY ELLEN PRYOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

954 489 4350

Daytime Phone #

CR2E037 (11/98)